

1791 West Avenue B, Garland, TX 75042 Phone: 972-205-2330 Fax: 972-487-7335

REQUEST FOR RECORDS

Date of Request:			
Name of person requesting records:			
INFORMATION OF PERSON ON FILE			
Name:		DOB:	
Address:	City:	Zip Code:	
Citation number (s) or cause number (s):			
CONTACT INFORMATION			
Office Phone:	Cell Phone:	Cell Phone:	
	Home Phon	Home Phone:	
SIGNATURE AND IDENTIFICATION OF	PERSON REQUESTIN	G RECORDS	
Name:	I.D: DL#:	I.D: DL#:	
File Mark Date:	Clark		

NOTE: YOU WILL BE CHARGED \$0.10 PER PAGE

